

**APPLICATION DATA SHEET**

**Application Information**

Application number::	To be assigned
Filing Date::	June 23, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	2
Title ::	METHODS AND NUCLEIC ACIDS FOR THE ANALYSIS OF COLORECTAL CELL PROLIFERATIVE DISORDERS
Attorney Docket Number::	47675-45
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	Yes
Petition included?::	Yes
Petition Type::	Petition to the Commissioner regarding acceptance of color in figures
Licensed U.S. Gov't Agency::	No
Contract or Grant No::	No

Secrecy Order in Parent Appl.?: No

## First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Cathy
Middle Name::	
Family Name::	Lofton-Day
Name Suffix::	
City of Residence::	Brier
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	23908-35 <sup>th</sup> Ave. W.
City of mailing address::	Brier
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98036

## Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Andrew
Middle Name::	
Family Name::	Sledziewski
Name Suffix::	
City of Residence::	Shoreline
State or Province of Residence::	WA

Country of Residence:: US  
Street of mailing address:: 17736-15<sup>th</sup> Ave. NW  
City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98177

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeff  
Middle Name::  
Family Name:: Thomas  
Name Suffix::  
City of Residence:: Bellevue  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 12210 NE 24<sup>th</sup> Street, Apt. 109  
City of mailing address:: Bellevue  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98005

#### **Fourth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Middle Name::	W.
Family Name::	Day
Name Suffix::	
City of Residence::	Seattle
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	1872 East Hamlin Street
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98112

#### **Fifth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Lori
Middle Name::	
Family Name::	Tonnes-Priddy
Name Suffix::	
City of Residence::	Everett
State or Province of Residence::	WA

Country of Residence:: US  
Street of mailing address:: 1914 Grand Ave. #B  
City of mailing address:: Everett  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98201

### **Sixth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Karen  
Middle Name::  
Family Name:: Cardon  
Name Suffix::  
City of Residence:: Renton  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 17730 151<sup>st</sup> Ave. SE, Apt. E  
City of mailing address:: Renton  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98058

## Correspondence Information

Correspondence Customer Number:: **22504**  
Name:: Barry L. Davison  
Street of mailing address:: 1501 Fourth Avenue, Suite 2600  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98101-1688  
Phone number:: 206-628-7621  
Fax Number: 206-628-7699  
E-Mail address:: [barrydavison@dwt.com](mailto:barrydavison@dwt.com)

## Representative Information

Representative Customer Number::		<b>22504</b>
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::


### Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	